FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### FORM D



## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

7	2295	02
ı	OME	3 Approval
	OMB Number:	3235-0076
	Expires:	May 31, 2005
	Estimated average	burden
	hours per response	16.00

Prefix

SEC USE ONLY

DATE RECEIVED

Name of Offering (					
Filing Under (Check box(es) that apply):	Name of Offering ( check if this is an amendment and name has	changed, and indicate change	.)		
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Liberty Tire Services, LLC  Address of Executive offices (Number and Street, City, State, Zip Code)  Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, Pennsylvania 15222-3124  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Liberty Tire Services engages in waste tire collection and disposal and other related activities.  Type of Business Organization    orporation   limited partnership, already formed   other (please specify) limited liability company  Actual or Estimated Date of Incorporation or Organization:   02   02   Actual   Estimated    Jurisdiction of Incorporation for Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	Liberty Tire Services, LLC - Sale of membership interests in LLC			<i>d</i> .	Po. 1
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Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Liberty Tire Services, LLC  Address of Executive offices (Number and Street, City, State, Zip Code)  Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, Pennsylvania 15222-3124  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Liberty Tire Services engages in waste tire collection and disposal and other related activities.  Type of Business Organization    corporation   limited partnership, already formed   other (please specify) limited liability company    Month   Year     Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	A. BASIC II	DENTIFICATION DATA		C ASSI	1 2 5000
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Address of Executive offices (Number and Street, City, State, Zip Code) Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, Pennsylvania 15222-3124  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business Liberty Tire Services engages in waste tire collection and disposal and other related activities.  Type of Business Organization  corporation  limited partnership, already formed business trust  limited partnership, to be formed  Actual or Estimated Date of Incorporation or Organization:  Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	Name of Issuer ( check if this is an amendment and name h	as changed, and indicate char	ige.)	N.	.00 for
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business Liberty Tire Services engages in waste tire collection and disposal and other related activities.  Type of Business Organization    corporation   limited partnership, already formed   when the company   limited partnership, to be formed   when the company   limited partnership, already formed   l	Liberty Tire Services, LLC				\100/9/
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Brief Description of Business   Liberty Tire Services engages in waste tire collection and disposal and other related activities.   AUG 16 2004	Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, Per	nnsylvania 15222-3124	1		
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Liberty Tire Services engages in waste tire collection and disposal and other related activities.  Type of Business Organization    corporation	(if different from Executive Offices)			0 2 %	
Type of Business Organization    corporation   limited partnership, already formed   other (please specify) limited liability   limited partnership, to be formed   company	Brief Description of Business			_ AII	G 16 2004
Type of Business Organization    corporation	Liberty Tire Services engages in waste tire collection and disposal	and other related activities.		E HO	0 10 2004
corporation		- 12-11			
business trust	Type of Business Organization				FINANCIAL
Actual or Estimated Date of Incorporation or Organization:    Month   Year	☐ corporation ☐ limited partn	ership, already formed	other 🖂	r (please specify)	limited liability
Actual or Estimated Date of Incorporation or Organization:  02  02  Actual  Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	□ business trust □ limited partn	ership, to be formed			company
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;					
					Estimated
CN for Canada; FN for other foreign jurisdiction) DE	· · · · · · · · · · · · · · · · · · ·				
	CN for Canada; FN t	or other foreign jurisdiction)	DE		

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers

Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last name first, if individual)
Laurel Mountain Partners Investments II, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Kendall, Jeffrey D.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Rea, Donald E.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Russell, C. Andrew
D
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply:   Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A.
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply.  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A.  Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or Managing Partner
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c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or Managing Partner  Full Name (Last name first, if individual)  Carlson, Ronald B.  Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☒ Executive Officer □ Director □ General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☒ Executive Officer □ Director □ General and/or Managing Partner  Full Name (Last name first, if individual)  Carlson, Ronald B.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  Carlson, Ronald B.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  Carlson, Ronald B.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  Womble, Thomas A.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  Carlson, Ronald B.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)
c/o Liberty Tire Services, LLC, Dominion Tower, Suite 3100, 625 Liberty Avenue, Pittsburgh, PA 15222-3124  Check Box(es) that Apply:

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner 🛛	Executive Officer Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			
Van Steenberg, H. Dale				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Coo	de)	
c/o Liberty Tire Services, L	LC, Dominion To	ower, Suite 3100, 625 Liber	rty Avenue, Pittsburgh, PA 15222	2-3124

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					B. INF	ORMA	ΓΙΟΝ AΕ	OUT O	FFERIN	G			
1.	Has the iss	uer sold, or	does the is									Yes	No
							Column 2,	_	inder ULC	)E			
2.		e minimum			_		ıy individu	ıal?				\$0	
3.	4. Enter the information requested for each person who has been or will be paid or given, directly or												No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Not Applicable													
Ful	Name (La	t name first	, if individ	ual)				- •					
Bus	iness or Re	sidence Ado	lress (Num	ber and St	reet, City	, State, Zij	p Code)						
Nar	ne of Assoc	iated Broke	r or Dealer	•									
		Person Lis											All States
[AI [IL] [M] [RI]	[IN] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	Name (La	st name first	, if individ	ual)									
Bus	siness or Re	sidence Ado	lress (Num	ber and St	reet, City	, State, Zi	p Code)						
Nar	ne of Assoc	iated Broke	r or Dealer	•			, , , , , , , , , , , , , , , , , , ,						
		Person Lis											All States
[AL [IL] [M] [RI]	[IN] Γ] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	l Name (La	st name first	, if individ	lual)									
Bus	siness or Re	sidence Ado	lress (Num	nber and St	reet, City	, State, Zi	p Code)						
Nar	ne of Assoc	iated Broke	r or Dealer										***************************************
		Person Lis						************					
[AI [IL] [M]	L] [AK] ] [IN] Γ] [NE]		[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] (VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NO. OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Yering Price	Α	mount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	-\$	0
	Common Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify – Membership interests in LLC)	\$	13,000,000	\$	13,000,000
	Total		13,000,000		13,000,000
	Answer also in Appendix, Column 3, if filing under ULOE				<del></del>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Nu	mber	A	ggregate Dollar
		Inv	estors		Amount of Purchases
	Accredited Investors.		1	\$	13,000,000
	Non-accredited Investors			\$	
	Total		1		13,000,000
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security	I	Dollar Amount Sold
	Rule 505		N/A		N/A
	Regulation A		N/A		N/A
	Rule 504		N/A		N/A
	Total		N/A		N/A
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees				_
	Printing and Engraving Costs				
	Legal Fees		$\boxtimes$		\$288,478.91
	Accounting Fees		$\boxtimes$		\$88,729.00
	Engineering Fees				
	Sales Commissions (Specify finder's fees separately)		$\boxtimes$		\$650,000.00
	Other Expenses (identify): Background verifications; expenses		$\boxtimes$		\$25,500.00
	Total		$\boxtimes$		\$1,052,707.91
b.	Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$11,947,292.09

each of the purposes shown. If the amount for any purpose is no the box to the left of the estimate. The total of the payment proceeds to the issuer set forth in response to Part C-Question 4.b	t known, furnish an estimate and check s listed must equal the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and Fees		□ \$	□ \$
Purchase of real estate		□ \$	<b>□</b> \$
Purchase, rental or leasing and installation of machinery and	equipment	□ \$	□ \$
Construction or leasing of plant buildings and facilities		□ \$	□ \$
Acquisition of other businesses (including the value of securi	ties involved in this		
offering that may be used in exchange for the assets or securi	ties of another issuer		
pursuant to a merger		□ \$	□ \$
Repayment of indebtedness		□ \$	\$11,947,292.09
Working Capital		□ \$	□ \$
Other (specify)			
			□ \$
Column Totals		□ \$	□ \$
Total Payments Listed (column totals added)		□ \$	□ \$
D. FEDERAL SIG	'NA TIIDE		
		- :- E1-11 D-1	
The issuer has duly caused this notice to be signed by the undersigne 505, the following signature constitutes an undertaking by the issuer upon written request of its staff, the information furnished by the issue of Rule 502.	to furnish to the U.S. Securities and Ex-	change Commission,	
Issuer (Print or Type)	Signature		Date
	Sauta M. Shah.	d 0	8/10/04
Liberty Tire Services, LLC			31.70.
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Loretta M. Shahade	Secretary		
ATTENTIC	DN		
Intentional misstatements or omissions of fact constitute	e federal criminal violations. (See	18 U.S.C. 1001.)	

## **APPENDIX**

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		3		Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E-Item 1)				
			Type of security and aggregate offering price offered in state (Part C-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
AL		<b>*</b>	None	0	\$0.00	0	\$0.00		
AK		<b>*</b>	None	0	\$0.00	0	\$0.00		
AZ		1	None	0	\$0.00	0	\$0.00	.=	
AR		<b>✓</b>	None	0	\$0.00	0	\$0.00		
CA		V	None	0	\$0.00	0	\$0.00		
со		1	None	0	\$0.00	0	\$0.00		
СТ		~	None	0	\$0.00	0	\$0.00		
DE		<b>✓</b>	None	0	\$0.00	0	\$0.00		
DC		1	None	0	\$0.00	0	\$0.00		
FL		1	None	0	\$0.00	0	\$0.00		
GA		1	None	0	\$0.00	0	\$0.00		
н		1	None	0	\$0.00	0	\$0.00		
ID		1	None	0	\$0.00	0	\$0.00		
IL		1	None	0	\$0.00	0	\$0.00		
IN		1	None	0	\$0.00	0	\$0.00		
IA		<b>V</b>	None	0	\$0.00	0	\$0.00		
KS		1	None	0	\$0.00	0	\$0.00	-	<u> </u>
KY		<b>√</b>	None	0	\$0.00	0	\$0.00		
LA		<b>✓</b>	None	0	\$0.00	0	\$0.00		
ME	<del> </del>	<b>✓</b>	None	0	\$0.00	0	\$0.00		
MD		✓ .	None	0	\$0.00	0	\$0.00		
MA		1.	None	0	\$0.00	0	\$0.00		
MI		1	None	0	\$0.00	0	\$0.00		
MN		1	None	0	\$0.00	0	\$0.00		<del> </del>
MS		1	None	0	\$0.00	0	\$0.00		<del> </del>
МО		1	None	0	\$0.00	0	\$0.00		
MT		1	None	0	\$0.00	0	\$0.00		
NE		1	None	0	\$0.00	0	\$0.00		
NV		1	None	0	\$0.00	0	\$0.00		
NH		1	None	0	\$0.00	0	\$0.00		
NJ		1	None	0	\$0.00	0	\$0.00		
NM		1	None	0	\$0.00	0	\$0.00	-	-
NY		~	LLC Interests - \$13,000,000 aggregate offering price	1	\$13,000,000	0	\$0.00		~

### **APPENDIX**

1		2	3		5				
	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
NC		1	None	0	\$0.00	0	\$0.00		
ND		<b>V</b>	None	0	\$0.00	0	\$0.00		
он		1	None	0	\$0.00	0	\$0.00		
ок		1	None	0	\$0.00	0	\$0.00		
OR		1	None	0	\$0.00	0	\$0.00		
PA		<b>*</b>	None	0	\$0.00	0	\$0.00		
RI		1	None	0	\$0.00	0	\$0.00		
sc		1	None	0	\$0.00	0	\$0.00		
SD		1	None	0	\$0.00	0	\$0.00		
TN		1	None	0	\$0.00	0	\$0.00		
TX		1	None	0	\$0.00	0	\$0.00		
UT		<b>V</b>	None	0	\$0.00	0	\$0.00		
VT		✓	None	0	\$0.00	0	\$0.00		
VA		<b>✓</b>	None	0	\$0.00	0	\$0.00		
WA		1	None	0	\$0.00	0	\$0.00		
wv		1	None	0	\$0.00	0	\$0.00		
WI		✓	None	0	\$0.00	0	\$0.00		
WY		1	None	0	\$0.00	0	\$0.00		
PR		1	None	0	\$0.00	0	\$0.00		
			<u> </u>						